

Horn and Associates in Rehabilitation, PLLC

SENSORIMOTOR HISTORY

Child's Name: _____ DOB: _____ Date: _____

Please think of the various stages of your child's development, considering behavior which comes to mind as you answer these questions. What do you think of as being different from other children you know? Were there times when his/her behavior was difficult to cope with in the family unit?

The following questions are posed to help in compiling a more complete picture of your child from early infancy to present developmental stage. Check the choice which applies: Yes, No, Used To, or N/A (not old enough yet, or for other reasons, non-applicable). Add narrative information on the last page of this form if needed. Thank you for your cooperation.

I. TASTE AND SMELL	YES	NO	USED TO	N/A
1. Avoid or crave certain foods				
2. Chew on non-food items				
3. Have any feeding problems				
4. Have trouble with textured foods				
5. Have Sensitivity to any unusual smells				
6. Taste or smell toys, clothes, etc. more than usual				

II. AUDITORY	YES	NO	USED TO	N/A
1. Have diagnosed hearing problem				
2. Have tubes in ears				
3. Have frequent ear infections				
4. Seem too sensitive to sound				
5. Respond negatively to unexpected sounds				
6. Fears of any particular sounds Describe: _____				
7. Become distracted by sounds such as fridge, fans, fluorescent light bulbs, heaters, etc.				
8. Fail to listen or pay attention to what is said				
9. Have difficulty when 2 or 3 steps of instructions are given at once				
10. Talk excessively				
11. Have difficulty listening due to excessive talking				
12. Have a delay in speech development				

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III. TACTILE	YES	NO	USED TO	N/A
1. Like to be touched				
2. Dislike being held or cuddled				
3. Seem excessively ticklish				
4. Seem easily irritated/enraged when touched by siblings/playmates				
5. Have a strong need to touch objects and people				
6. Pinch, bite, or otherwise hurt self or others				
7. Frequently bump or push others				
8. Bang head on objects on purpose				
9. Dislike the feeling of certain clothing				
10. Over/under dress for the temperature				
11. like to play in water, mud, sand, clay, etc.				
12. Often seem unaware of cuts and bruises				
13. Walk on toes				
14. Dislike haircuts/getting nails trimmed				

IV. VESTIBULAR	YES	NO	USED TO	N/A
1. Enjoy being rocked				
2. Like to swing				
3. Spin or whirl more than other children				
4. Become carsick easily				
5. Become nauseous and/or vomit from movement experiences				
6. Rock while sitting				
7. Jump a lot				
8. Have fear in spaces (stairs, heights)				
9. Lose balance easily				

V. VISUAL	YES	NO	USED TO	N/A
1. Have diagnosed visual problem				
2. Seem very sensitive to light				
3. Avoid eye contact				
4. Make reversals when copying or reading				
5. Have trouble discriminating shapes or colors				
6. Squint Often				
7. Dislike having eyes covered				

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VI. MUSCLE TONE	YES	NO	USED TO	N/A
1. Feel heavier than he/she looks				
2. Have good endurance				
3. Have any diagnosed muscle problem				
4. Have flat feet				
5. Slump when sitting				
6. Tire easily				
7. Seem generally weak				
8. Keep mouth open				

VII. COORDINATION	YES	NO	USED TO	N/A
1. Sit, stand. Or walk late				
2. Sit, stand, or walk early				
3. Creep/crawl unusually long				
4. Creep/crawl for brief period				
5. Creep on tummy or bottom				
6. Trip or fall a lot				
7. Play with toys appropriately for age				
8. Have difficulty with sequential tasks (dressing, buttoning, shoe tying)				
9. Have difficulty learning to hold a pencil or crayon in 3-point position				
10. Have awkward or clumsy movements				
11. Bump into things when moving				
12. Demonstrate a dominate hand				
13. Have poor handwriting				
14. Have rigid movements				
15. Have shaky hands during fine motor tasks				
16. Enjoy sports, gym, etc.				

VIII. BEHAVIOR/TEMPERAMENT	YES	NO	USED TO	N/A
1. Quiet, calm, relaxed, patient				
2. Active, outgoing, enthusiastic				
3. Intense, easily frustrated, anxious				
4. Explosive				
5. Hyperactive, always in perpetual motion				
6. An early riser, immediately on the go				
7. Clingy				

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BEHAVIOR/TEMPERAMENT CONTINUED	YES	NO	USED TO	N/A
8. Rigid, set in ways				
9. Have regular sleep patterns				
10. Have difficulty falling asleep				
11. Sleep in own bed				
12. Wake frequently				
13. Able to play alone for a reasonable length				
14. Destructive with toys				
15. Have a short attention span				
16. Distractable				
17. Have difficulty making a choice				
18. Have frequent tantrums				
19. Display extreme mood changes				
20. Unable to adjust to routine change				
21. Have aggressive acting out behaviors				
22. Make friends easily				
23. Prefer the company of adults or older children				
24. Seem to be a loner				
25. Need control of the environment or activity				
26. Have trouble responding to limit settings				
27. Express feelings of low self-esteem				
28. Express feelings of failure and frustration				
29. Seem discouraged or depressed				

IX. LEARNING STYLE (SCHOOL AGED CHILDREN)	YES	NO	USED TO	N/A
1. Recognize own errors				
2. Learn from mistakes				
3. Acquiring materials needed for a task				
4. Able to set up a workspace				
5. Maintain workspace				
6. Able to work independently				
7. Demonstrate age-appropriate memory				
8. Ask/plan ahead appropriately				
9. Create new ideas and ways of doing things				
10. Complete work on time				
11. Have average reading level				
12. Have average math level				
13. Current Placement/services in school _____				

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X. SELF-HELP ABILITY	YES	NO	USED TO	N/A
1. Can child take off simple clothing				
a. Shirt				
b. Pants				
c. Socks				
d. Shoes				
2. Can child put on simple clothing?				
a. Shirt				
b. Pants				
c. Socks				
d. Shoes				
e. Undergarments				
3. Can child manipulate the following?				
a. Zippers				
b. Snaps				
c. Velcro				
d. Buttons				
e. Buckles				
f. Shoelaces				
4. Does the child use the following without help?				
a. Utensils (spoon, fork, knife)				
b. Bottle				
c. Open cup				
d. Sipper cup/adaptive cup				
e. Straw				
f. Toothbrush				
Self Help Abilities Specifics				
Does the child have difficulties chewing or drinking?				
Describe:				
Is the child toilet trained? See below				
If answered no , does the child alert an adult if diaper/pull-up needs changing?				
If answered yes , does the child alert an adult before using the bathroom?				

